



2017 Legislative Session



The 2016 election was the most unique of my lifetime. On a national level, President-Elect Donald Trump tapped into an anger at Washington, D.C. that nobody had effectively done before. His message of “draining the swamp” resonated with voters across the United States and propelled him to 304 electoral college votes to 227 for Hillary Clinton. In Minnesota, Trump clearly helped down ballot candidates in some areas of the state (largely rural) and likely hurt in others (largely suburbs). When all was said and done, Minnesota Republicans held their majorities in the House, and in somewhat of a surprise gained control of the Senate by a single seat (34-33).

As the focus now turns to governing, the state is faced with a situation similar to what was found following the 2010 election. Republicans will again control both legislative chambers and Mark Dayton will be governor. This means that there will probably be no major moves in any direction as efforts to move the state to the left or right will be stymied by the other party.

One of the major focuses of the upcoming session will be the MNSure disaster. As lawmakers hear from constituents about premium and deductible increases, Republicans will be tasked with fixing or replacing the system Democrats unilaterally passed in 2013. While Republicans would love to roll back the 2-billion-dollar tax increase passed in 2013, Governor Dayton will certainly veto any bill that aims at accomplishing that. The one difference between the 2017 session and the 2011 session (which resulted in a state government shutdown) is the state’s financial situation. In 2011, the state faced a multi-billion-dollar deficit while the incoming legislature faces a roughly \$1 billion surplus.

On the insurance front, our industry finds itself in good shape. The incoming Senate majority leader is Paul Gazelka (R-Nisswa), who is a State Farm agent and has always been a good friend to MAFMIC and the entire industry. The Senate Commerce Committee will be chaired by Senator Gary Dahms (R-Redwood Falls), a former American Family agent. The House roles won’t change from the past two years; Kurt Daudt will remain speaker and Joe Hoppe will chair the House Commerce Committee. Even with generally friendly leaders in place, I will remain vigilant to advocate and educate on behalf of our member companies.

Aaron Cocking
MAFMIC President/CEO

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MAFMIC CONVENTION FEBRUARY 5 - 7, 2017 Radisson Blu—MOA



Tips for Upcoming Convention:

The 122nd MAFMIC Annual Convention is fast approaching. This is our first year holding this annual convention at the Radisson Blu. We are very excited for this new venue and we hope you like it too. I wanted to give a few tips and information about the new venue. Also don't hesitate to contact the MAFMIC office if you have any other questions.

- The Radisson Blu is conveniently connected to the Mall of America, this allows you to do your shopping if you wish without ever having to step outside of the building.
- The Radisson Blu offers extra security so no need to worry about random people on the guestroom floors. In order to use the elevators to the guestroom floors you must have a key card to access them.
- **For those of you checking in on Saturday**, the hotel only offers valet parking so they can monitor that the parking ramp is only for hotel guests. The fee is \$25 per night that will get charged to your guestroom. If you do not want to continue being charged the rest of your stay you will need to move your car out of valet parking on Sunday morning. If you are checking in on Sunday you will be able to self-park at no additional costs. Other than the valet parking on Saturday, parking at the hotel is complimentary by getting your ticket validated at the front desk when you check in. If you wish to avoid the valet parking on Saturday you can park in any of the MOA parking ramps and move your vehicle on Sunday morning to the hotel ramp. If you do this you will need to tell the hotel so they can call it into the MOA security.
- Schedule information, hotel information and guestroom booking are available on the MAFMIC website.

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Member Profile of Paynesville Mutual



Ashley Merack,
Manager

Paynesville Mutual Insurance Company has been a Minnesota township mutual since 1894. Forty-two farmers met at the Moede School (district 45) of Zion Township starting Paynesville-Zion Mutual Fire Insurance Company; a company that local farmers could turn to for insurance protection. We have since changed our name to Paynesville Mutual Insurance Company and moved countless times, but finally found a permanent home at 212 Washburne Ave, Paynesville.

Paynesville Mutual is partnered with Grinnell Mutual and North Star Mutual to provide complete package farm and homeowner policies. We have two full time employees and two part time employees. We write in 10 counties and work with 23 agencies.

Our mission is to provide exceptional service to our agents and policyholders while offering a fair and comprehensive policy.

Our goal for the next five years is to continue to grow and maintain financial stability. We continue to make technology advances to make the ease of doing business with our company even greater.

We financially support many local organizations, schools and charities. We are also part of the Chamber of Commerce.

If we had to describe your company in one word it would be? Dedicated



Paynesville Mutual Building



Staff from the left:
Ashley Mareck, Cindy Noonan,
Missy Stanley and Kathy Bagley



December 2016 Board Meeting Synopsis *Greg Parent, Secretary-Treasurer*

The MAFMIC Board of Directors held their final quarterly meeting of the year on December 15 at the MAFMIC office in St. Joseph. In addition to the financial and management reports, district updates, and board liaison committee reports, the board took action on several items requiring approval.

District 7 recently held an election to elect a new director to begin serving a four year term in February. Vicki Hongerholt of Mound Prairie Mutual will be taking over for Larry Webb. The Statewide company position on the board is also up in 2017, and Chairman Aaron Grove announced that Todd Bossuyt from North Star Mutual would be taking over for Steve Reller. Chairman Grove then provided an update on the nominations for the Vice-Chairman and Secretary-Treasurer positions for 2017. The board also discussed the recipient of the Robert C. Seipp Service Award which will be presented at the convention in February.

The board reviewed membership dues for 2017. The 2017 MAFMIC Budget was presented by Secretary-Treasurer Greg Parent. The board approved the budget. The board also agreed to hold a further discussion at their June 2017 meeting regarding some financial criteria that could lead to a reduction in registration fees at certain MAFMIC events.

Chairman Grove and CEO Aaron Cocking presented a discussion regarding legal and anti-trust issues that may affect the distribution of the proposed Policy Discussion Manual. John Neal had researched this subject and forwarded his findings to MAFMIC. After considerable discussion, the board decided to have the Policy Committee continue their work on the manual while additional research into possible legal ramifications can be conducted.

Aaron Cocking reported that MAFMIC was waiting to hear back on a couple of pending items regarding the issuance of the Key Employee Life Insurance policies.

The Strategic Plan Committee had met in October to review and update the current plan. The board approved the updated Strategic Plan. The board also discussed the possibility of conducting a farm mutual membership salary and board compensation survey in 2017, as the last survey MAFMIC did was back in 2012.

The board discussed the possibility of not holding a March board meeting in 2017 unless there was a specific need given the fact the board meets at the convention. The next scheduled board meeting is the annual financial review meeting held at the MAFMIC Convention on February 5, 2017. Please contact your district director or an association officer if you have any items of concern that you would like to discuss.



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Priority Data would like to thank our 20 Township Mutual clients for their business. It is our pleasure to serve MAFMIC members and we look forward to supporting the Minnesota farm mutual industry for years to come.

Our Agent Rating software is currently being used in nearly every county in Minnesota; and we recently launched our latest cloud-based software, a fully customized policy processing system called PDSpectrum.

Contact us to see how our software solutions can fit your mutual's needs at sales@prioritydata.com or 402.590.2506.

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Chairman's theme this year is
"T.E.A.M. Together, Everyone, Achieves, More"

"COMPANY PRIDE"



Please join our MAFMIC Chairman,
Aaron Grove and his wife, Breck
for the 2017 Chairman's Reception.
Aaron and Breck invite you
to proudly wear your company colors.

This is the time to relax, get re-acquainted
with friends you don't see that often, and
just enjoy others who share the success of
Minnesota Mutual Insurance. With the Super
Bowl on the big screen's, the food at the
buffet, and a friend at every table, it is sure
to be the perfect way to start our 2017
convention.

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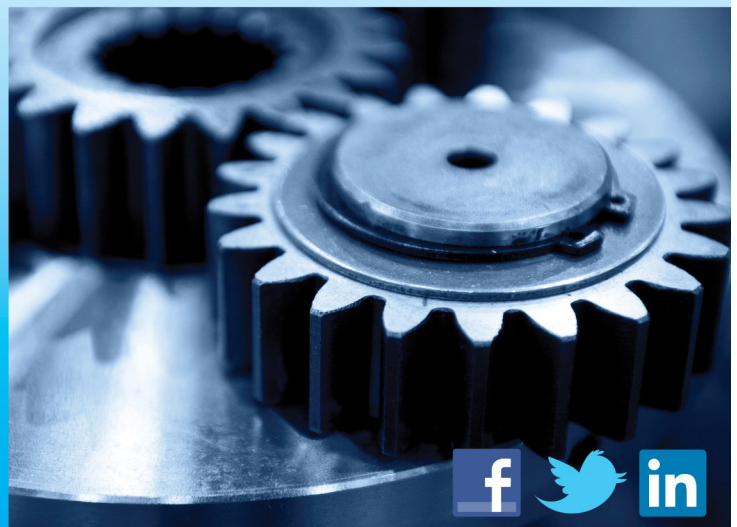
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Application of the Unfair Claims Practice Act to the Township Mutual Industry

By John Neal, Attorney
Willenbring, Dahl, Wocken & Zimmermann, PLLC

Minnesota Chapter 72A, known as the Unfair Claims Practice Act, regulates certain practices by insurance carriers. The Unfair Claims Practice Act, however, is limited in its application to township mutuals operating under Chapter 67A. One could write hundreds of pages on the many provisions set forth in the Unfair Claims Practice Act. However, for purposes of this article, we will focus on claims handling, as specifically addressed by Minn. Stat. § 72A.201. That section sets forth regulations that township mutuals must follow under certain circumstances when handling homeowner's insurance claims. While many of you are familiar with those practices, we will revisit them here as a refresher.

Minn. Stat. § 72A.201, Subd. 4. Standards for claim filing and handling.

1. Communications with the insured after receiving a claim: Within ten business days of receiving a claim, the insurance company must acknowledge receipt of the claim and provide all necessary claim forms and instructions to process the claim, unless the claim is settled within ten business days. While acknowledgement of the claim can be communicated by phone, a better practice is to document the communication in a letter to the insured. If the communication occurs via phone or In person, the company should keep detailed notes of the conversation. The acknowledgement (whether written or oral) must include the following:
*The phone number of the company representative who can assist in providing information to complete the claims process. If the communication occurs in person or by telephone, the insurance carrier must note its file with the following: (a) the telephone number called; (b) the name of the person making the telephone call or face-to-face contact; (c) the name of the person who received the telephone call or communication; (d) the time of the telephone call or communication; and (e) the date of the telephone call.
2. Responding to the insured within ten business days: Whenever the company receives a communication from the insured in which a response is required, the company must respond to the communication within ten business days.
3. Timely completion of the claim: An insurance company must either accept or deny a claim within thirty business days after the claim has been filed. However, if the investigation cannot reasonably be completed within that time, the company must notify the insured as to the reasons why it cannot be completed and it must send this notification prior to the expiration of the thirty-day time frame. If fraud is suspected with regard to the claim, the company need not disclose the specific reasons why it cannot complete the investigation within thirty days. However, you must make this evidence available to the Department of Commerce, if it requests it.
4. Informing the insured of all benefits and coverages available: Another provision in the act requires the insurance carrier to inform the insured of all available benefits or coverages that the insured may be eligible to receive under the terms of the policy. In addition, the insurer must submit documentation to the insured so they can obtain those benefits.
5. Untimely Receipt of the loss notice or proof of loss: It is an unfair practice for an insurance carrier to deny a claim because the insured failed to submit a proof of loss or written notice of loss within the time frame set by the insurance carrier. However, a denial may be justified if the insurer is able to demonstrate that it is prejudiced by the insured's delay.

Continued on page 7

Continued from pg 6.... **Application of the Unfair Claims Practice Act to the Township Mutual Industry**

6. You must not deny or delay payment because the insured has obtained an attorney or an adjuster: The Act prohibits an insurance company from advising an insured or claimant not to obtain the services of an attorney or adjuster, or informing the insured that payment will be delayed if an attorney or adjuster is retained.
7. Informing the insured of the suit limits set forth in the policy: If a claim is unresolved, an insurance carrier must inform the insured of the statute of limitations set forth in the policy. This must be done at least 60 days prior to the expiration of the statute of limitations. If, however, the insurance carrier has not received communication from the insured for a period of two years prior to the expiration of the limitation period, notice need not be sent.
8. Demanding unnecessary information: It is an unfair practice to require or demand that an insured provide information that has no bearing or would not affect settlement of the claim.
9. Failure to settle a claim on the basis that liability exists against some other third party: It is also an unfair practice to refuse to settle a claim on the basis that someone else is responsible for the payment. This typically arises where an insured may have another policy covering the loss. Or, it may also arise if another third party is responsible for the loss. In those circumstances, the insurance carrier may elect to pay the claim and then pursue its rights against the third party or other carrier via subrogation.
10. Within 60 days after an insured submits a proof of loss, the insurance carrier must notify the insured whether the claim is accepted or denied: Once an insured has submitted a proof of loss to the company, the company has 60 days to either accept or deny the claim. If the company denies the claim, it must set forth the specific policy provisions, conditions, or exclusions for which the denial is based. A denial letter must be communicated to the insured in writing and the company must retain a copy for its file.
11. Denying a claim on the basis that the application was falsified by an agent without the knowledge of the insured: It is also an unfair practice to deny or reduce coverage on the basis that the insured's agent falsified an application without the knowledge of the insured. It is unclear whether this provision applies to independent insurance agents or captive agents, or both.
12. Notification of additional living expenses: An insurance carrier must notify the insured as to whether he/she has additional living expense coverage when a loss is covered by the policy and the dwelling is no longer habitable as a result of the loss.
13. Estimates for repairs: An insurance carrier must notify an insured that it will pay for an estimate of repair if the insurance carrier requests the estimate and the insured has previously submitted two estimates for repair.

There are a number of other provisions within the Unfair Claims Practice Act that apply to township mutuals. However, the provisions above represent those relating to claims handling when dealing with a homeowner's policy. As you can see, the Act places importance on timely communicating with the insured and ensuring that communication is documented in your claims file.

New overtime rules: How will Minnesota's mutual insurance industry be affected?

Submitted by Jim Williams, Abdo, Eick & Meyers

On Tuesday, Nov. 22, a federal judge ruled to put the changes to the exempt salary threshold of the Fair Labor Standards Act (a.k.a. the new overtime rules) on hold, which means they won't go into effect on Dec. 1 as originally intended.

Nevertheless, given that the injunction is only a temporary measure, employers should continue to make preparations for compliance. At a minimum, this should include reviewing the overtime eligibility of each employee and adopting policies and procedures that align with the labor standards that are already in place. Remember, non-exempt employees are entitled to one and a half times their regular pay rate for hours worked in excess of 40 per week. This is not a new requirement.

Here are a few details that employers—particularly those in the mutual insurance industry—should consider:

In order to be exempt from overtime pay, an employee must satisfy three tests:

- Salary basis test
- Salary level test
- Duties test

The salary basis test requires that an exempt employee be paid a regular salary that does not vary based on quality or quantity of work produced. The salary level test requires that an exempt employee earn a salary of \$23,660 per year or \$455 per week. (The new rules would increase this minimum drastically—to \$47,476—but for now, in light of the recent federal ruling, the existing minimum will stand.) The third test is the duties test, which requires an exempt employee's primary duties to be managerial, administrative or professional in nature.

The duties test could seem a bit unclear, so let's explore it a bit further: In order to be managerial in nature, the employee must oversee the work of two or more employees. "Administrative" means that the employee exercises discretion and independent judgement in matters of significance. The professional test requires that the performance of the employee's work requires advanced knowledge in a field of science or learning acquired by a prolonged course of intellectual instruction or artistic or creative endeavors.

Can part-time employees continue to receive a salary?

It is likely that many mutual managers will satisfy the duties test based on the exercise of discretion on the job, but they must still meet the salary minimum. Some of the questions we have been asked regard part-time employees receiving a salary. An employee who is less than full-time can still receive compensation on a salary basis, but the employee's hours must be tracked to show that the employee is indeed working 40 hours per week or less, and that the employee is still making at least minimum wage.

How can employees demonstrate compliance with the duties test?

Many companies have staff members who work 40 hours or less yet may not pass the duties test. These individuals need to track their hours to show compliance with the overtime and minimum wage requirements.

Does time spent at travel or educational events count as overtime?

Moreover, companies that have non-exempt employees will need to address what is considered service time for travel and educational events in their policies and procedures manuals. We recommend that companies also adopt a pre-approval policy for overtime worked.

Document your compliance

It is one thing to merely comply with these standards, but employers must be able to *show* they are in compliance. Making small changes to the records retained each pay period will prove your company is fulfilling these regulations, giving you the freedom to rest easy. However, due to the subjective nature of the duties tests, you may need to consult a qualified employment attorney to ensure you're able to defend your exemption determination. There is no penalty for over-documenting payroll information! So keeping more records of hours worked by all staff could be a good planning measure.

As always, if you have questions about this matter or its status, please don't hesitate to give us a call.

“Special Limits sometimes need special attention.”

Submitted by Jeff Brinkman, Brinkman Claim Service, LLC

Nothing can be more upsetting than enduring a fire or theft of property in your home, farm or business.

What can add fuel to the “fire” or theft for that matter is when an Insured runs short of coverage on certain items and sustains a substantial loss over and above the available coverage.

We as claims representatives, insurance agents, and adjusters see some if not many of these losses each year and we can almost assume in each case some items are going to end up in the “special limits” of personal property coverage category, which may be limited.

To many Insured’s special limits are an afterthought or even unknown until a loss occurs as those limitations are not those prominently placed on the policy declarations page and most Insured’s have postponed their study of their insurance policy for more exciting reading.

These special limits are important as they attempt to apply a basic boiler plate of coverage for household goods that fit most situations and allow an Insurer to place a premium in line with that boiler plate of coverage. However, we all know that each policyholder may have different coverage needs for things they collect, store, or use in various interests, hobbies or small businesses.

It is a good practice for the selling or servicing agent to regularly familiarize themselves with these personal property limitations, review them with their policyholders and ensure the levels of coverage are adequate for each special limit category.

In those cases where there may be an increased exposure to loss due to a theft, fire or other event, it would be important to have that discussion with the insured and utilize the several available endorsements that can provide specific increases in the special limits or discuss adding the scheduled personal property endorsement for items with a specific value.

These details may seem time consuming and the coverage amounts are often a fraction of the total coverage amounts. But when a policyholder can be reimbursed for something special or valuable that was lost rather than be told they have exceeded their coverage limit(s), it is the agent who becomes the hero!

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By Richard Holm,
Priority Data

TECH CORNER



Protecting your Business from Cyberattacks

In 2016 we saw a continued increase in Cyberattacks, particularly in the area of ransomware attacks. A hacker typically gains access to your company when an employee clicks on a link that will launch a virus that holds your data hostage and you will be instructed to pay a ransom to release your data. A leading provider of Cybersecurity services has published a list of recommended steps you should take to protect your business from security breaches. While not all the steps may practically apply to your business, take a moment to review the list and see what you can implement, even if it is on a lesser scale.

1. Obtain buy-in from key leadership and C-level executives: When security measures are seen as a hindrance by top executives, they're more likely to be flouted or worked around by company staff. On the other hand, when executives prioritize security and take leadership on security initiatives, it creates a culture of security for the entire organization.
2. Create a security management plan. Effective plans should include designated incident managers, a defined incident response, updated disaster-recovery plans and a security roadmap. Key security metrics should also be determined and measured regularly.
3. Install and update anti-virus software.
4. Implement an email retention policy. Having a defined email retention policy backed up by software applications that automatically alert employees when email content is due to be deleted reduces the likelihood of corporate information being stolen.
5. Secure brought-in devices: Cisco's 2012 IBSG Horizons Study of 600 businesses found that 95 percent allow their employees use personal devices for work, and 85 percent of those businesses also provided technical support. Security strategies should prohibit storing passwords used to access the company network on the device itself, require partitioning between corporate and personal applications and data, provide for remote wiping and have a corporate app store of approved mobile applications.
6. Develop training programs for employee security awareness: Annual, company-wide training sessions are less effective than more frequent micro training sessions combined with on-going testing. These trainings should include how to recognize phishing and other social engineering attacks, password best practices and general awareness of company security issues. Continually stress to your staff the importance of not clicking on any emails that are suspect.



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Job Postings

Manager for Flora Mutual Danube, Minnesota

Flora Mutual Ins Company, Danube, MN, is looking for a responsible individual to manage the day-to-day operation of the company.

Individual must have excellent human relations, communication and leadership/management skills as well as a professional presence. Position requires good working knowledge of the insurance industry in general with product knowledge of lines provided by the company. Property & casualty license preferred (or willing/able to acquire license).

For an application, contact Flora Mutual at (320) 826-2374 or at the address below.

Submit application, resume and salary requirements by February 1, 2017 to:

Flora Mutual Ins. Co.
PO Box 368,
Danube, MN 56230



Manager for McPherson Minnesota Lake Mutual St. Clair, Minnesota

Primary Responsibilities:

- Serve as manager of the company, reporting to the Board of Directors to ensure the operations of the company are conducted in a manner to support the company's best practices, goals and objectives.
- Interpreting policy provisions, evaluate and refine underwriting
- Be responsible for processing all insurance claims in accordance with proper Identify and analyze risks associated with policies.
- Adhere to legal requirements, industry regulations.
- Supervise and approve insurance claims and
- Assist the auditors and accountants to provide a reasonable and accurate report to the policyholders and regulators.
- Cooperate and work with packaging partners to insure that their underwriting requirements and company operating requirements are being met
- Provide environment for employees to successfully complete the clerical, inspection, investigation and claims process in a manner acceptable to state and federal statutes and standard best business practices.
- Participate in and support local, state and national association events which promote educational opportunities.
- Provide leadership to educate agents, employees and insured's.

The responsibilities listed above are intended to be a guide to the principal duties of the manager, but are not limited to only the above duties.

The salary is negotiable based on qualifications and experience.

Send Resume by: January 10, 2017 to:

McPherson Minn Lake Mutual Ins. Co
Attn: Dale Westphal, President
Box 69
St. Clair, MN 56080

For More Information contact:

Dale Westphal, President 507-317-6811
Muggs Zabel, Manager 507-245-3636



2017 MAFMIC

Feb 5-7	MAFMIC Annual Convention Radisson Blu, Bloomington
April 5	Spring Agents Meeting Fergus Falls, MN
April 6	Spring Agents Meeting Mankato, MN
May 9-10	Manager's Workshop Nisswa, MN
May 23-25	NAMIC Farm Mutual Forum Itasca, Illinois
July 12	Manager & Director Seminar St. Joseph, MN
July 13	MAFMIC Golf Outing Spicer, MN—Little Crow
August 2-3	Leadership Development Workshop (NAMIC) – Chicago, IL
Sept 25-28	NAMIC 122nd Annual Convention Denver, Colorado
Nov 15-16	Short Course Marriott NW, Brooklyn Park

Financial Statements

It is also time again to collect company financial statements.

PLEASE send them to:
PO Box 880, St. Joseph, MN 56374
or fax to: (320) 271-0912

IN SYMPATHY



Wes Anderson, 76, died December 16th at his home. He was born May 16, 1940 in Hanska, to Glenn and Alma Anderson. He married Shirley on December 3, 1960 at Lake Hanska Lutheran Church. He is survived by his two children which include; son Mark (Kathlene), daughter Jane (her fiance Duane) and three grandchildren. He is also survived by three sisters and two brothers. His brother Keith was past manager of South Central Mutual.

Wes was past manager of Dakota-Stanton Mutual. After leaving his teaching profession, he entered the insurance industry for 30+ years and traveled throughout the state of Minnesota, calling and servicing Minnesota Association of Farm Mutual Insurance Companies.

MAFMIC wishes to express its sincerest condolence to family and friends of Wes Anderson

Dues must be *paid in full* in order for a member to vote at the Annual Meeting, held at the MAFMIC Convention, February 5-7, 2017

Please submit your Membership Dues to:

**MAFMIC
P.O. Box 880
St. Joseph, MN 56374**